

#LSW26

Innovate Life, Celebrate Science.

LIFE SCIENCES WEEK

INSIDE:

Launch Day Agenda

Discover a full day of keynotes, panels and conversations exploring the forces shaping life sciences — from AI and NHS data to investment, innovation and the future of healthcare.

Featured Articles

Insights from leaders across life sciences, HealthTech and healthcare, covering regional growth, AI readiness, adoption, advanced manufacturing, women's health, brain health and the innovations moving from research into real-world impact.

Events of the Week

Explore a packed programme of conferences, workshops, roundtables and networking events bringing together researchers, clinicians, innovators, investors and industry leaders across the UK.



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Welcome to Life Sciences Week 2026

It is a real pleasure to welcome you to Life Sciences Week 2026.

When we launched Life Sciences Week last year, the ambition was simple: to create a platform that brings together the different people, organisations and ideas shaping the future of life sciences – and to help turn those conversations into new connections, collaborations and opportunities.

Now in our second year, that ambition has only grown.

Life sciences is one of the UK’s most important growth sectors. It sits at the heart of some of the biggest questions facing us: how we diagnose disease earlier, develop better treatments, harness AI and data responsibly, translate research into patient benefit and build a healthcare system ready for the future.

The Government’s Life Sciences Sector Plan has set a clear ambition for the UK to become Europe’s leading life sciences economy and the third most important globally. Achieving that will require more than world-class science alone. It will take investment, skills, entrepreneurship, effective policy and, above all, collaboration between industry, healthcare, academia, technology, investors and government.

That is what Life Sciences Week is about.

Across the week, we are bringing those communities together through keynotes, panels, roundtables, innovation showcases, networking opportunities and our Gala Dinner & Awards Ceremony.

Our Launch Day Conference will set the scene, exploring some of the forces already reshaping the sector: from AI-powered drug discovery and the potential of NHS data, to investment, research translation and the changing relationship between pharma and technology. But Launch Day is only the beginning.

I would encourage you to explore the full programme of events taking place throughout the week. There is a huge range of expertise, ideas and perspectives represented, and some of the most valuable conversations may well happen outside the sessions you originally planned to attend.



Amy Deakin
Managing Partner
Life Sciences Week

None of this would be possible without the organisations and individuals who have given their time, expertise and support to Life Sciences Week. To our partners, speakers, event hosts, exhibitors and everyone helping to make the week happen: thank you.

And to everyone attending, I hope you leave Life Sciences Week with something genuinely worthwhile – a new idea, a useful insight, a connection you would not otherwise have made, or perhaps the beginnings of a collaboration that goes much further.

The future of life sciences will not be shaped by any one organisation or part of the sector in isolation. It will be shaped by people coming together.

I hope you enjoy the week.

Delivered By **One Thousand Trades Group**

Launch Day Agenda

TIME	TYPE	SESSION TITLE & DESCRIPTION
9:15		Take Your Seats
9:25		Welcome from Your Host, Phil Upton
SESSION I – WHERE WE STAND		
09:30 – 10:15	Introductory Panel	Introductory Panel: The Honest Conversation – Where Are We Really? Expert panel on what's working, what's stalling, and what needs to change. Includes a dedicated segment: is the UK moving fast enough on AI adoption compared to the US and China?
10:10 – 10:15	Welcome	Welcome Address from the Lord Mayor of Birmingham
10:15 – 10:30	Opening	Opening Address
10:30– 11:00	Keynote	The UK's Defining Decade A frank assessment of where UK life sciences sits globally – the strengths to build on and the fault lines that need fixing.
11:00 – 11:20	Break	Break & Exhibition Comfort break, Exhibition Hall & Networking
SESSION II – AI, SCIENCE, AND THE NEW DISCOVERY ENGINE		
11:20 – 12:05	AI Spotlight	AI Spotlight: From Hypothesis to Molecule – How AI is Rewriting Drug Discovery The dedicated AI session. A deep dive into how foundation models, generative AI, and agentic systems are compressing timelines from target identification to clinical candidate. What's real, what's hype, and what it means for the UK's R&D pipeline.
12:05 – 12:45	Panel	From Discovery to Impact – Closing the Translation Gap Why promising science still struggles to reach patients – and whether AI changes the equation. Regulators, clinicians, and industry on fixing the pipeline and the new risks AI introduces alongside the opportunities.
12:45 – 13:30	Lunch	Lunch break, Networking & Exhibitor Hall Café available to purchase refreshments on Level 2
SESSION III – DATA, PEOPLE, AND NEW TECH IN PRACTICE		
13:30 – 14:10	Panel	The NHS Data Opportunity – Turning Assets into Outcomes The UK holds a unique asset in NHS data. What it takes to combine that with AI to generate real-world evidence, improve patient outcomes, and create genuine commercial opportunity – without compromising trust.
14:10 – 14:50	Panel	AI and the New Commercial Playbook: How Pharma Goes to Market Now From AI-powered launch strategies and next-best-action sales models to real-time market access and payer intelligence. How leading pharma organisations are rebuilding their commercial engines around AI, and what the UK opportunity looks like.
14:50 – 15:15	Break	Break & Exhibition Hall Comfort break & networking.

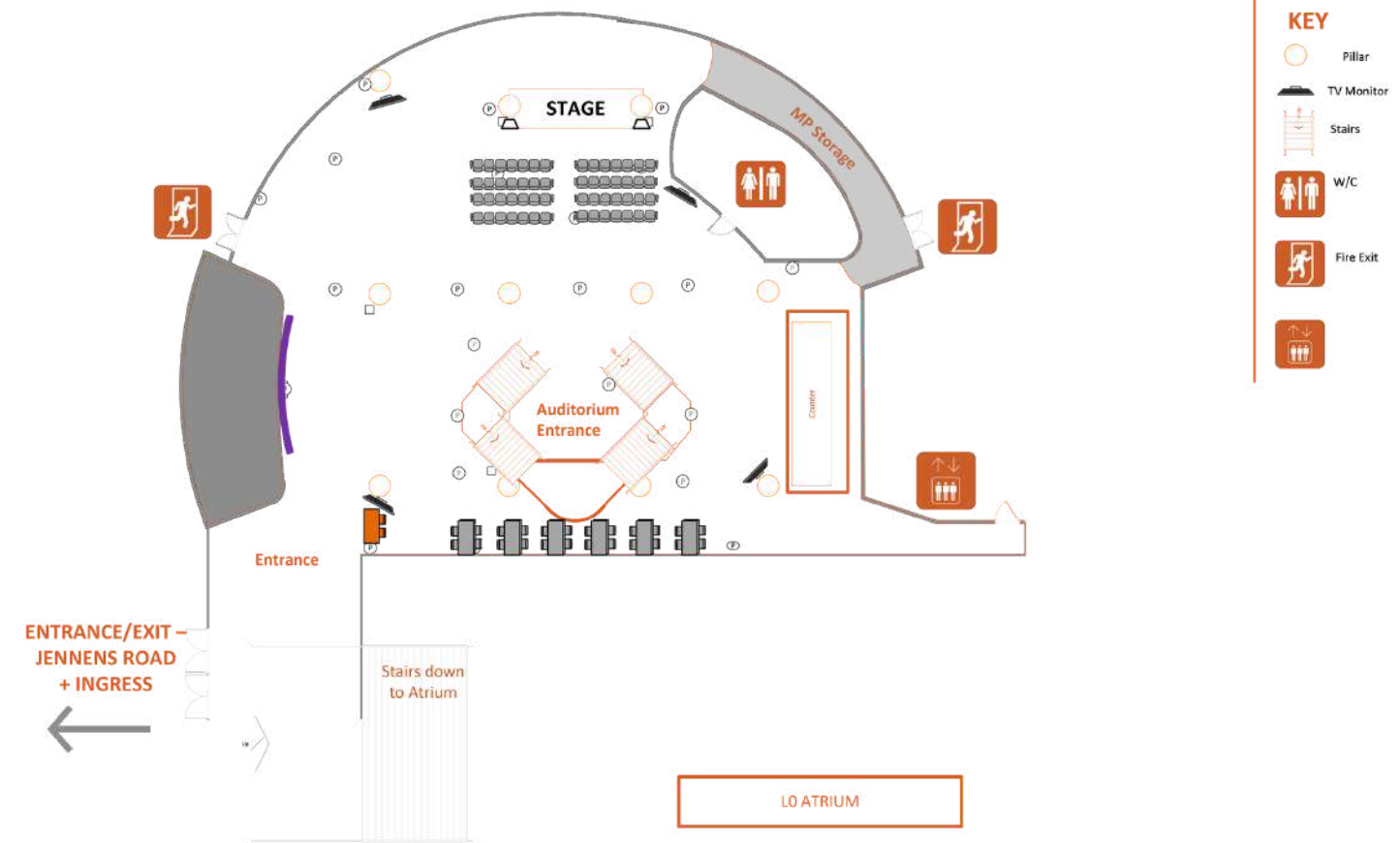
TIME	TYPE	SESSION TITLE & DESCRIPTION
SESSION IV – CAPITAL, COMMITMENT, AND WHAT COMES NEXT		
15:15 – 15:55	Panel	Co-create or Compete: Pharma and Tech at the Same Table As AI companies build deeper into drug discovery and commercial execution, pharma faces a defining strategic choice. Pharma leaders, tech executives, and investors on co-development models, licensing structures, IP questions, and what genuine partnership actually looks like in practice.
15:55 – 16:50	Remarks	Closing remarks: The Decade Ahead
17:00		Close
PLATFORM PANELS		
10:10	Welcome	
10:15		Opening Keynote: Dame Yve Buckland, Chair, University Hospitals Birmingham
10:20		Keynote: Harpal Mattu, Chair of the West Midlands, IoD
10:30		Advancements at NHS Blood and Transplant, Prof. Renata Gomes, NHS Blood and Transplant
10:50		A New Era for Digital Skills, Life Sciences and Inclusion, Suzie Branch, Vice Principal – External Development, BMet College
11:00	Break	
11:30– 12:00	Panel	Making the UK the Destination for Life Sciences Investment
12:00– 12:45	Fireside	Fireside on Cancer Diagnostics
12:45	Lunch	
13:45		Accelerating the Translation of New Discoveries into Dementia Treatments, Prof. Fiona Ducotterd, Alzheimer's Association
14:05		PET Scan: Developing Services for the Patients of Birmingham and Beyond for the Next 10 Years, Stuart Green, Director of Medical Physics, University Hospitals Birmingham
14:25		Final Thoughts from the Platform
14:30		Platform Close

For the full agenda, speakers and panelists go to:
www.lifesciencesweek.co.uk/2026-agenda/

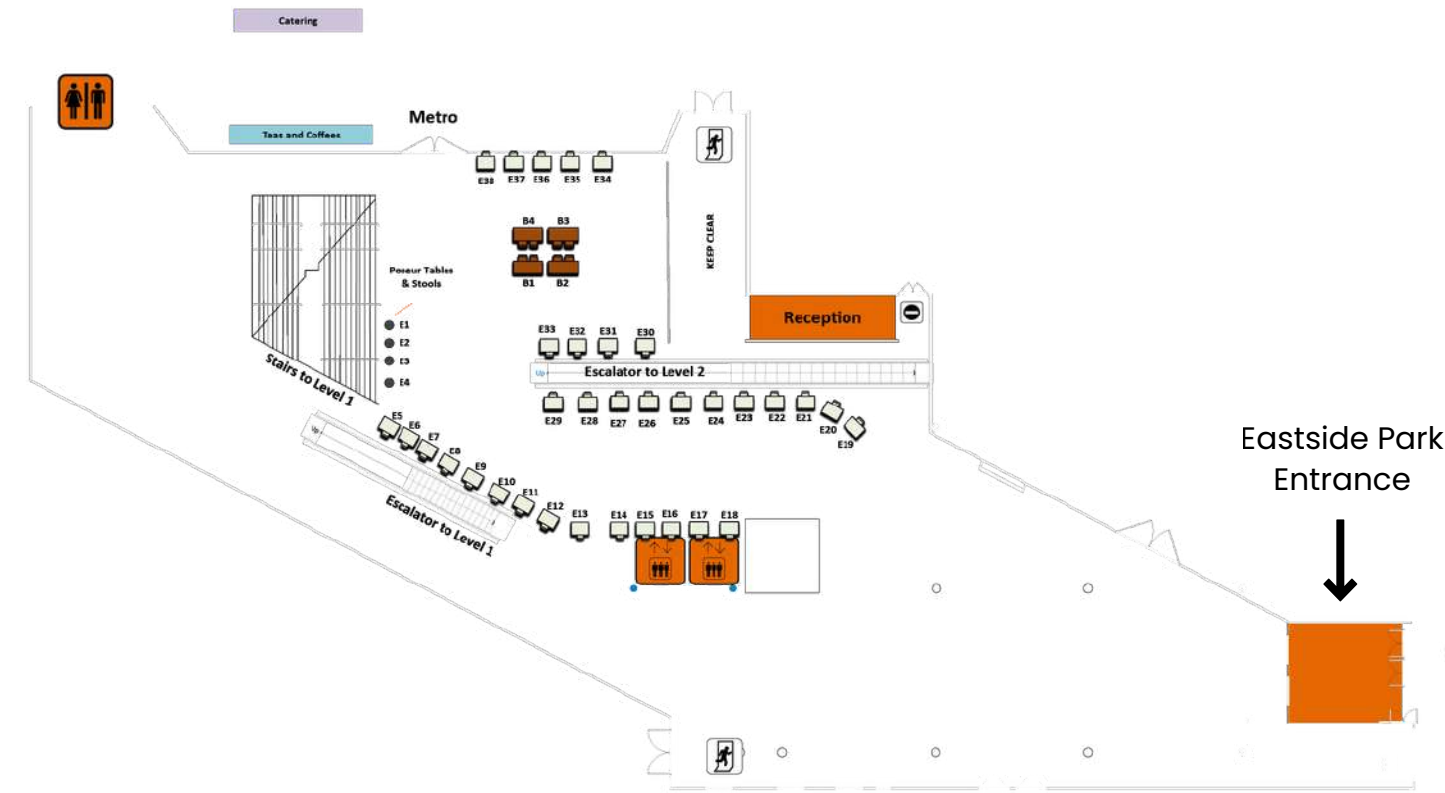


Floorplan

Platform & Auditorium Entrance



Atrium & Exhibition Hall



Event Schedule

Monday 21 & Tuesday 22 September



www.lifesciencesweek.co.uk/events/

EVENT NAME	TIME	LOCATION	DESCRIPTION
MONDAY, 21 SEPTEMBER			
Widening Access means Widening Success: Redesigning Psychology Education with Healthcare Partners	1:30pm - 4:00pm	The STEAMhouse	This interactive seminar presents a pioneering curriculum approach from Birmingham City University's Dept of Psychology and Counselling that brings real-life health and community challenges into undergraduate education through partnerships with NHS Trusts.
TUESDAY, 22 SEPTEMBER			
#CreativeDisruption: The Life Sciences Innovation & Pitch Forum	9:00am - 5:30pm	Birmingham Health Innovation Campus	A leading innovation, investment, pitch and discussion forum spanning biological and digital SMEs - connecting innovators with investors and healthcare stakeholders.
Women's Health Horizons London Autumn Summit	9:00am - 6:00pm	Royal College of Obstetricians and Gynaecologists, London	A full-day gathering bringing together 400+ senior leaders and 50+ speakers from women's health, healthcare, life sciences, investment, policy, research and innovation.
BioDundee Business Brunch: Building the Profile of Your Life Sciences Company	9:30am - 12:00pm	Life Sciences Innovation Hub, Dundee	A morning of networking and insight, exploring how life sciences businesses can strengthen their profile with perspectives from CEOs and investors.
West Midlands Secure Data Environment Industry Breakfast	9:30am - 11:30am	Clayton Hotel, Birmingham	Bringing together colleagues from life sciences, HealthTech, research and the wider health and care sector to explore the West Midlands Secure Data Environment and its role in supporting research.
Unlocking the Potential of the West Midlands to Deliver the UK Life Sciences Industrial Strategy	9:30am - 12:30pm	Browne Jacobson	In collaboration with Browne Jacobson and Barclays Innovation Banking, Medilink Midlands will be hosting a roundtable discussion covering key themes around skills, employability, scale-up and growth. Kindly note, this event is invitation only
From Lab to Market: Managing Clinical Trials with Confidence	10:00am - 11:00am	Online	Join us for a practical discussion on the risks shaping clinical trials today. Drawing on perspectives from a clinical trial sponsor, an insurer and WTW specialists, we'll explore where trial programmes are most vulnerable, what's changing across the clinical trial landscape, and how organisations can build greater resilience and reduce risk.
Influencing Life Sciences: Innovation, Sustainability and Leadership	1:00pm - 4:00pm	Eagle Labs at Foundry, Birmingham	Thought-provoking panels, networking and discussion exploring how life sciences can drive progress in health, sustainability and digital transformation.
Innovation through Philanthropy	4:00pm - 6:00pm	Queen Elizabeth Hospital, Birmingham	Hear from clinicians at University Hospitals Birmingham about how charitable support is helping drive innovation within the NHS.
Protecting Innovation: An Intellectual Property Guide for Life Sciences	4:30pm - 7:00pm	Forresters, Birmingham	Explore the key intellectual property considerations that can help turn life sciences innovation into successful commercial opportunity.
The Next £1bn HealthTech Company - Making Sure it Will Be Built in Birmingham	6:00pm - 8:00pm	Squire Patton Boggs, Birmingham	An evening exploring what Birmingham and the wider West Midlands must do to attract investment, foster innovation and help ambitious HealthTech businesses scale.

Wednesday 23 September

EVENT NAME	TIME	LOCATION	DESCRIPTION
From Detection to Prevention: How Technology is Changing Healthcare	7:30am–9:30am	Quilter Cheviot, Birmingham	Join Angel Yao, Founder and CEO of Naevi, and Sheena Berry, Healthcare Equity Analyst at Quilter Cheviot, for an engaging discussion exploring the innovations and technologies reshaping healthcare and life sciences.
Advanced Therapy GMP Manufacturing Innovation in Practice	8:30am–4:00pm	Cell and Gene Therapy Catapult, Stevenage	A practical event exploring GMP manufacturing strategies for advanced therapy and technology developers, featuring expert presentations, interactive workshops and guided facility tours.
Women’s Health Agenda: Innovation, Transformation and AI	10:00am–11:30am	Willis Towers Watson, Birmingham	An exclusive Executive Roundtable bringing together senior leaders from healthcare, life sciences, government, academia, industry, investment and patient advocacy to explore innovation, AI and emerging technologies in women’s health.
Biscuits & Brew – West Midlands	11:00am–12:00pm	Online	Join BioPartner UK’s online networking series for an informal opportunity to take a break, catch up and meet fellow attendees over a brew.
Women’s Health Workforce: Skills and Leadership	12:30pm–2:00pm	Willis Towers Watson, Birmingham	An invitation-only Executive Roundtable bringing together senior executives, policymakers, healthcare leaders, investors and industry pioneers to explore the skills and leadership needed to shape the future of women’s health.
Workshop: Digital Surgery – From Intelligent Operating Rooms to AI-Powered Surgical Task Analysis	2:00pm–4:00pm	Birmingham City Centre	Artificial intelligence, surgical robotics, computer vision and intelligent operating theatres are reshaping how surgical procedures are planned, performed, taught and evaluated. Surgigogy Ltd is hosting an interactive workshop that will provide clinicians, researchers, engineers, educators, MedTech innovators and life sciences professionals with an accessible introduction to the rapidly evolving field of digital surgery, alongside the opportunity to experience cutting-edge AI technology through a hands-on demonstration of an innovative Surgical Task Analysis platform.
Health Tech and Life Sciences Innovator Summit	2:00pm–6:00pm	Birmingham Health Innovation Campus	Hosted by Health Innovation West Midlands, this event is aimed at HealthTech and life sciences SMEs, clinical entrepreneurs and established innovators, exploring the West Midlands’ role in the UK sector and the support available to innovators.
BioUK Networking Event	5:30pm–8:00pm	PHTA, Birmingham Health Innovation Campus	BioUK’s Science Social brings the life sciences community together for an evening of networking at Birmingham Health Innovation Campus, in collaboration with PHTA and supported by Penningtons Manches Cooper.



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Thursday 24 September

EVENT NAME	TIME	LOCATION	DESCRIPTION
The Future of Women’s Health Summit	8:30am–2:30pm	ARC West London	Women’s health represents one of the greatest opportunities to improve health outcomes, accelerate innovation and drive economic growth. The summit brings together voices from across healthcare, life sciences, technology, policy and industry to explore what comes next.
Signal Council: When Innovation Meets Scale	11:00am–2:00pm	PHTA, Birmingham Health Innovation Campus	Great health innovation is being created across the West Midlands – but creating innovation and successfully scaling it are two very different things. This private, invitation-only roundtable brings together senior leaders from MedTech, life sciences, healthcare, academia, investment and the wider innovation ecosystem.
Faster Answers: The Future of Bladder Cancer Diagnosis	1:00pm–3:30pm	Nonacus, Birmingham	Step inside Nonacus’ Birmingham laboratories during West Midlands Life Sciences Week for an afternoon exploring the future of bladder cancer diagnosis, from scientific evidence to patient impact.
Pick, Mix & Match – Bridging the Commercialisation Gap Between Research and Industry	1:00pm–4:30pm	Birmingham Health Innovation Campus	The official launch of picknmixAI, an AI-powered marketplace connecting scientists with the right tools, data and partners to move their work forward, alongside insights from pharma leaders, therapeutic companies and academic researchers.
Got a Healthcare Problem? Here’s How It Becomes a Company	1:30pm–4:30pm	University of Birmingham Free	From medical devices to diagnostic apps and surgical robotics, this event explores the journey from spotting a healthcare problem to developing an idea with commercial potential.
End the day at the Life Sciences Gala Dinner & Awards	6:30pm–11:00pm	Great Hall, University of Birmingham	Celebrate excellence and innovation at the Life Sciences Gala Dinner & Awards, bringing together guests from across the sector for a three-course dinner, our Awards ceremony and an evening of celebration, conversation and networking – with keynote speakers including Tom Smith, Head of Healthcare, Life Sciences & Business Services at Google Cloud. Taking place in the magnificent surroundings of the University of Birmingham’s Great Hall, it’s set to be one of the standout occasions of Life Sciences Week.
FRIDAY, 25 SEPTEMBER			
Life Sciences Week Breakfast Celebration in collaboration with West Midlands News	8:00 am – 10:30 am	Hotel Du Vin	As Life Sciences Week draws to a close, we host a breakfast of key LSW participants and organisers for a breakfast round-up, feedback and plan for the next phase of transforming UK life sciences By invitation and expression of interest only



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Ambition in. AI that ships.

Predictive modelling, agentic AI and automation — built to be owned, not just piloted.

OUR METHOD

DIAGNOSE → DESIGN → BUILD → EMBED → SUSTAIN

“The most valuable AI work isn’t the moonshot. It’s a repetitive, expensive, time-consuming task being done by a senior person who shouldn’t be doing it, quietly handed to a system that does it in seconds, every time, forever.”



Helping innovators deliver real-world outcomes

What our clients say about our life sciences lawyers

They are exceptionally strong on complex IP advice and commercial transactions.

Chambers UK

A laser-like focus on the desired outcome left me feeling like we got tremendous value.

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Dr Lisa Page

Partner

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Life Sciences in the West Midlands: Driving Growth in the Wider Economy

It's commonly said that Birmingham is a centre of invention, innovation and industry – but we don't shout about our achievements. At the forefront of four industrial revolutions and fizzing with talented academics, captains of industry and entrepreneurs, we do, in fact, have much to shout about.



David Kidney
Chair of the Advisory Board for Life Sciences Week

In life sciences, in just this year, we boast:

- ◆ A **£50 million funding boost** through the Local Innovation Partnerships Fund (LIPF).
- ◆ New **Access to Finance Action Plan** launched by Mayor Richard Parker offers businesses access to finance and the means to expand, innovate and make acquisitions.
- ◆ Aston University's new £6.1 million **Aston Institute for Membrane Excellence (AIME)** laboratory was opened by Science Minister Lord Vallance, a globally unique membrane research laboratory.
- ◆ Birmingham-based **Woodbourne Group** launched its £90m Birmingham BioCity, the first UK Investment Zone life sciences building outside London.
- ◆ The **Global Growth Programme**, run by Invest WM, offers inward investors 9 months sponsored office space, connections across cleantech, healthtech, digital and AI, and expert guidance.
- ◆ **Healome Therapeutics** raised £2M, an oversubscribed investment led by Empirical Ventures with strategic participation from DEBRA Research, Oshen Holdings SA, Cure EB and SFC Capital.
- ◆ **New Medtech qualification** at Levels 4 (HNC) and 5 (HND) developed in the West Midlands by employers, WMCA and Pearsons will be taught here by Birmingham Metropolitan College (BMet) from September 2026, fundable via Student Finance England.
- ◆ **Midlands Mindforge** has unlocked an initial £30m of capital, making its first round of investments into Midlands spinout companies producing cutting edge antennae technology, a novel drug delivery platform for the eye, and water sensor technology to protect our river systems.
- ◆ **Noursih3d** has been helped by WM Growth Company grow its manufacture of personalised medicines in the West Midlands.
- ◆ **Precision Health Technologies Accelerator** (PHTA) has partnered with Maytal International to support SMEs and entrepreneurs to get their devices to market.

2026 HIGHLIGHTS CONTINUED

- ◆ **School of Coding and AI** (Wolverhampton HQ) is developing a new tech lab in Birmingham costing £2.5m and promising 1,000 jobs.
- ◆ **Selene Clinical Research** has reached the final stages of securing investment through the Business Growth West Midlands (BGWM) Investment Readiness Programme.
- ◆ **Teplizumab**, a drug to delay Type 1 diabetes, was used under early access scheme for first time in UK in Birmingham and is now NICE-approved.
- ◆ **University of Birmingham** ranks amongst the best performing research-intensive universities in the world, rising to 68th globally and 10th in the UK in the QS World University Rankings 2027.
- ◆ **University Hospitals Birmingham** (UHB) has secured £1.4 million from the National Institute for Health and Care Research (NIHR) to support the development of a new cleanroom manufacturing facility within PHTA.
- ◆ **UHB's charity** is appealing for £7.2m to pay for a Total Body PET Scanner to be housed in a new £15M suite at UHB.

So, as you see, the medtech market in the West Midlands is thriving – currently worth around £2.5bn and predicted to grow around 55% over the next ten years, reaching approximately £4.5bn by 2035.

Life Sciences Week offers a major platform for telling our stories of success – to our region, our country and the world. It's where academics, business leaders, policy-makers and investors will all be in the same room. It offers opportunities to learn, to make connections, to have ideas and to spot opportunities for new partnerships and collaborations.

It would be wise to be there

WEST MIDLANDS LIFE SCIENCES

£2.5bn

*West Midlands
medtech market today*

£4.5bn

projected by 2035

55%

growth

Think Nationally, Work Regionally:

Unlocking the UK's HealthTech Potential

The UK has world-leading research, a strong innovation base and an NHS whose scale and diversity offer an opportunity few other countries can match.

But innovation alone is not enough. The real test is whether we can turn great ideas into technologies that reach patients, improve outcomes and support a more productive health service.

At ABHI, the UK's leading industry association for HealthTech, we represent companies across medical devices, diagnostics and digital health, from global manufacturers to growing UK businesses and SMEs. One challenge comes through consistently: how do we get promising innovation into routine patient care, and help the companies behind it grow here in the UK?

Increasingly, part of the answer lies at a regional level.

As healthcare becomes more devolved, strong partnerships between industry, the NHS, academia and investors will become increasingly important. The West Midlands shows what is possible.

Last year, ABHI established a strategic partnership with Birmingham Health Partners (BHP), connecting the HealthTech industry with academic and clinical expertise across Birmingham and the wider WM region.

Central to that partnership is creating a clearer 'front door' for HealthTech companies. Knowing how to access clinical expertise, research infrastructure and patient insight can make a real difference to how quickly a technology is developed, evaluated and adopted.

Birmingham's diverse and stable population is another strength, providing an invaluable environment in which technologies can be developed and evaluated against real-world needs, generating evidence relevant locally, nationally and internationally.

Regional networks provide the connectivity that makes this possible. They bring together clinicians who understand unmet need, researchers who generate evidence, industry that develops solutions, investors who support growth and health systems that can put innovation into practice.

And the prize should extend beyond adoption.

A successful HealthTech ecosystem

It is exactly the question we should be asking. A successful HealthTech ecosystem should enable businesses to prove their technologies, secure investment, scale and choose to build their future in the region.



Richard Phillips

Executive Director, Policy and Partnerships, ABHI

"What will it take to ensure the next £1 billion HealthTech company is built in Birmingham?"

Members of the ABHI team will be participating throughout Life Sciences Week, and we look forward to meeting HealthTech businesses from across the region, hearing about their ambitions, the barriers they face and how we can support their growth.

Our wider ambition is to make the UK one of the best places in the world to develop, adopt and scale HealthTech. That requires the right national environment, but national policy must connect with regional delivery.

The West Midlands has the ingredients to make that happen. **Get that combination right, and the next great HealthTech success story could be built in Birmingham.**



Building the Midlands' Life Sciences Future Through Collaboration

Rob Green

CSR Scientific Training

The UK's position as a global leader in life sciences has been built over many years through investment in research education and healthcare. The internationally recognised clusters in London, Oxford and Cambridge have played an important role in that success and continue to attract talent, investment and global recognition.

However, if the UK is to achieve its ambition of becoming Europe's leading life sciences economy by 2030, growth will need to be supported by strong regional ecosystems across the country.

The Midlands is well positioned to be one of those ecosystems.

The region already possesses many of the ingredients associated with successful innovation clusters. It is home to a significant concentration of life sciences businesses, internationally recognised universities, world-leading healthcare organisations, advanced manufacturing capability and a diverse population that provides valuable opportunities for research, clinical trials and innovation.

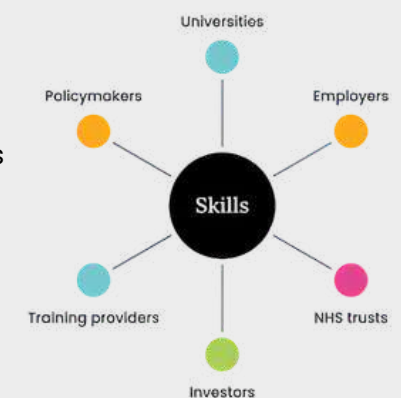
What is encouraging, is the pace of investment currently taking place across the region.

Developments such as the Birmingham Health Innovation Campus, Precision Health Technologies Accelerator, Birmingham BioCity and Arden Cross are creating an infrastructure capable of supporting research, innovation, product development and commercial growth at scale.

SKILLS

From the perspective of CSR Scientific Training, one challenge consistently emerges across the sector: skills.

The Life Sciences 2035 report forecasts significant workforce growth over the coming decade, alongside a requirement to replace many experienced professionals approaching retirement. This means the sector will require thousands of additional scientists, laboratory professionals, engineers, healthcare specialists and technical practitioners.



Yet infrastructure alone does not create a successful innovation ecosystem.

The evidence from successful life sciences clusters across the world suggests that collaboration is often the defining factor. Universities, employers, healthcare providers, investors, training organisations and policymakers need to work towards a shared objective. Innovation rarely happens in isolation. It happens when organisations with different expertise come together to solve common challenges.

The Midlands is increasingly demonstrating this collaborative approach. Organisations such as Health Innovation West Midlands, the West Midlands Health Technologies Cluster, universities, NHS Trusts and industry partners are already working together to strengthen the region's life sciences capability. Initiatives such as Life Sciences Week provide further opportunities to connect

organisations, share expertise and attract investment into the region.

Addressing this challenge will require collective action.

Stronger partnerships are needed between education providers, employers and organisations that promote STEM careers. The objective must be to create clear and accessible pathways into science and technology careers whilst ensuring employers can access the skills they need to grow.

LOOKING AHEAD

If we are serious about creating a thriving life sciences ecosystem, collaboration must extend beyond research and innovation to include the development of the workforce that will sustain it.

Birmingham's Life Sciences Momentum

Why Collaboration and Digital Innovation Matter More Than Ever



The UK life sciences sector is entering a defining decade. Advances in precision medicine, genomics, diagnostics, AI and advanced

therapies are reshaping how healthcare is delivered and how patients experience care.

Yet the organisations that will lead the future will not be distinguished solely by scientific breakthroughs. They will be those that successfully combine innovation with operational agility, data-driven decision-making and effective collaboration across an increasingly complex ecosystem.

At Agilyx Group, we believe digital transformation will be one of the most important enablers of this next chapter.

Life sciences organisations today face significant challenges. Regulatory requirements are evolving, clinical development cycles remain under pressure, and organisations must manage increasingly vast and complex datasets. At the same time, investors, healthcare systems and patients expect faster innovation and measurable outcomes.

In this environment, technology is no longer simply a support function. It is a strategic capability.

Integrated business systems, cloud platforms, automation and advanced analytics are helping organisations improve visibility, streamline operations and create the resilience needed to scale innovation. When scientific excellence is supported by operational excellence, organisations are better positioned to accelerate research, commercialisation and growth.

This is one of the reasons Agilyx Group is particularly excited by the momentum building across Birmingham and the wider West Midlands life sciences ecosystem.



The region has quietly become one of the UK's most compelling centres for health innovation. At the heart of this growth is the Birmingham Health Innovation Campus (BHIC), a major investment designed to bring together researchers, clinicians, entrepreneurs and industry partners in a purpose-built environment dedicated to health and life sciences innovation. The campus is home to the Precision Health Technologies Accelerator (PHTA), a flagship facility providing laboratory space, clinical connections and commercialisation support for life sciences businesses.

What makes Birmingham particularly distinctive is the strength of its connected ecosystem. Birmingham Health Partners, a strategic alliance between the University of Birmingham and leading NHS trusts, creates opportunities to translate research into real-world patient outcomes. Combined with one of Europe's largest clinical trials infrastructures and access to a highly diverse patient population, the region offers an environment where innovation can move more efficiently from concept to clinical impact.

The momentum is continuing to build. Recent investment into advanced biomanufacturing facilities at the PHTA will support the development of cell and gene therapies, mRNA vaccines and next-generation medicines, strengthening Birmingham's credentials as a national centre for advanced therapeutics and translational research.

This is why initiatives such as Birmingham Life Sciences Week are so important.

“The most significant breakthroughs rarely happen in isolation.”

They emerge when researchers, clinicians, technology providers, investors and business leaders come together around shared challenges and opportunities. Events that convene these communities play a vital role in creating the partnerships that fuel innovation and economic growth.

As Birmingham Life Sciences Week showcases, the West Midlands is no longer simply participating in the UK's life sciences story. It is helping to write its next chapter.

With world-class research, growing investment, ambitious infrastructure and a collaborative ecosystem, the region is uniquely positioned to become one of Europe's leading centres for health innovation. Agilyx Group is proud to support that ambition and looks forward to contributing to the conversations, partnerships and technologies that will define the future of life sciences.



Technology should enable organisations to focus on their ultimate mission

For Agilyx Group, our interest in life sciences stems from a belief that technology should enable organisations to focus on their ultimate mission: advancing scientific discovery, improving patient outcomes and creating lasting societal impact. Whether supporting scaling biotech companies, healthcare innovators or established organisations navigating digital transformation, our role is to help build the operational foundations that allow innovation to thrive.

Life Sciences Week Gala Dinner & Awards

THURSDAY
24
SEPTEMBER

UNIVERSITY OF BIRMINGHAM'S
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Don't miss the week's
landmark event



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WEEK**

Funding innovation from research to commercialisation.

Different funding and tax incentives
can support life sciences innovation
at different stages.



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costs



PATENT BOX

Reward successful
innovation



ONE INNOVATION JOURNEY.
MULTIPLE FUNDING OPPORTUNITIES.

Talk to ABGi at Life Sciences Week 2026

www.abgi-uk.com

Why do most life sciences AI pilots look impressive in the lab and fall apart in the real world.

Every large life sciences organisation we speak to has an AI success story: a copilot drafting safety narratives, a model compressing a literature review, an assistant surfacing buried insight. However, although the app worked once, it moved to the next therapy area, study or market, and produced results nobody trusted.

Research shows that within Pharma, only 40% of pilots reach scaled deployment, with 68% naming weak data quality and governance as the reason initiatives fail.

40%

of pilots reach scaled deployment

68%

name weak data quality and governance as the reason initiatives fail

These challenges are often framed as model performance. More often, it is a combination of data readiness and the leadership discipline required to define the question fully.

'Is our data AI-ready?' is only part of the question as on its own it has no useful answer without context. It asks for a single verdict on thousands of datasets without naming the decision, workflow or risk they must support. The same clinical dataset may be fit for a recruitment forecast and wholly inadequate for a regulated medical information assistant. The data has not changed but the standard has. Readiness is not a fixed property of data, it is the relationship between a dataset, a use case and the standard that use case demands.

In addition, readiness also decays. A protocol amends, a definition moves, a schema is repurposed, or consent expires. None of that changes a single value in a table and so a quality scan comes back green while the system's picture of the world goes stale. A one-off assessment certifies a state that starts expiring the moment it is printed.



Dr Amrik Mahal BEM
COO Lifesciences at Amino Data

"Readiness is not a fixed property of data."

It is the relationship between a dataset, a use case and the standard that use case demands.

THE 'CONTEXT TAX'

Then there is the 'Context Tax'. Pilots usually run with an expert beside the system, correcting it:

- the data manager who knows one site coded a field differently
- the safety lead who knows which protocol version was active at enrolment.

This model works at small scale, but across thousands of decisions a day, it collapses. AI readiness means converting the tacit knowledge of your best people into structured context a machine can apply without constant human intervention.

So the question is not 'Is our data AI-ready?'; it should be 'Is this data ready for that use, at the standard that use demands?'

This framing recognises that readiness depends on context and purpose, not simply on the condition of the data itself.

A PRACTICAL APPROACH FOR READINESS IS TO EVALUATE EACH COMBINATION OF DATA DOMAIN AND USE CASE AGAINST FOUR KEY CONDITIONS:

1. MACHINE READABILITY

Structured, accessible and usable by an AI system without a human unpacking it first: structure, format, accessibility, interoperability, stable identifiers and clean integration.

2. SEMANTIC CONTEXT

Enough embedded meaning for a machine to interpret it correctly: metadata, definitions, relationships and consistent interpretation. AI cannot reliably make up for its absence.

3. FITNESS FOR PURPOSE

Accurate, complete and consistent enough for the specific use case, not simply good enough in the abstract. The right question is always "good for what?"

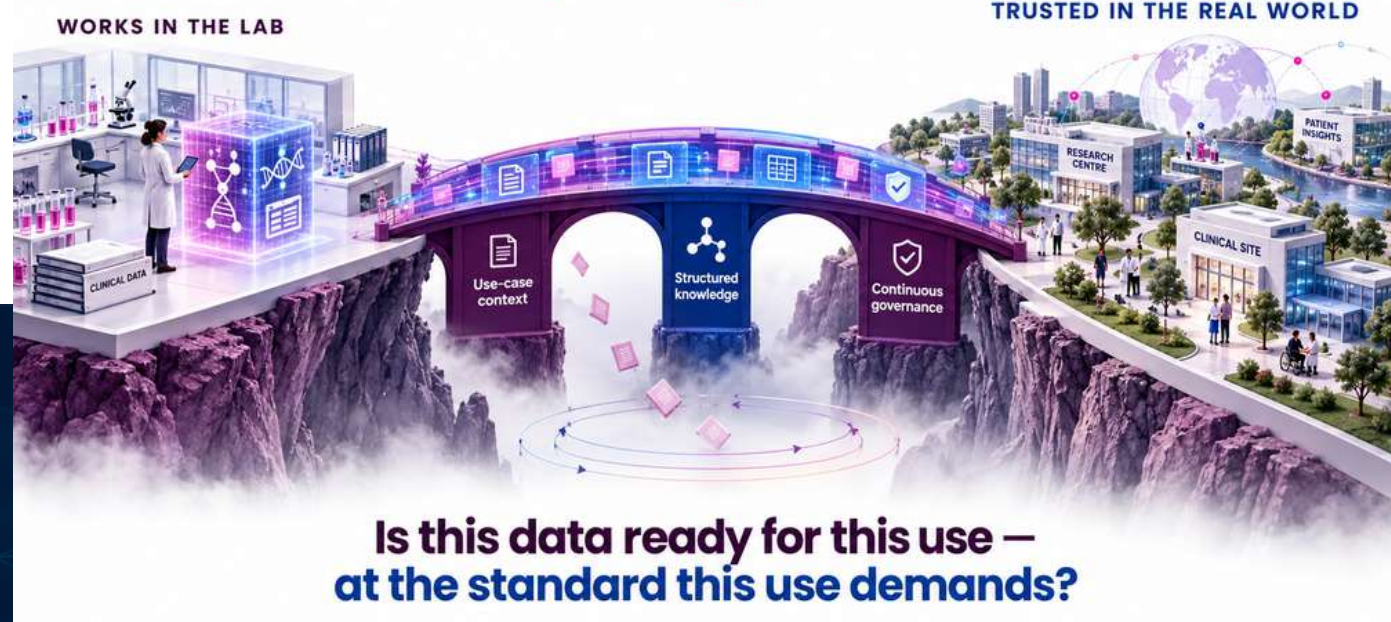
4. GOVERNANCE

Clear ownership, controls and accountability: stewardship, access, permitted use, lineage, provenance, auditability and policy enforcement built into delivery.

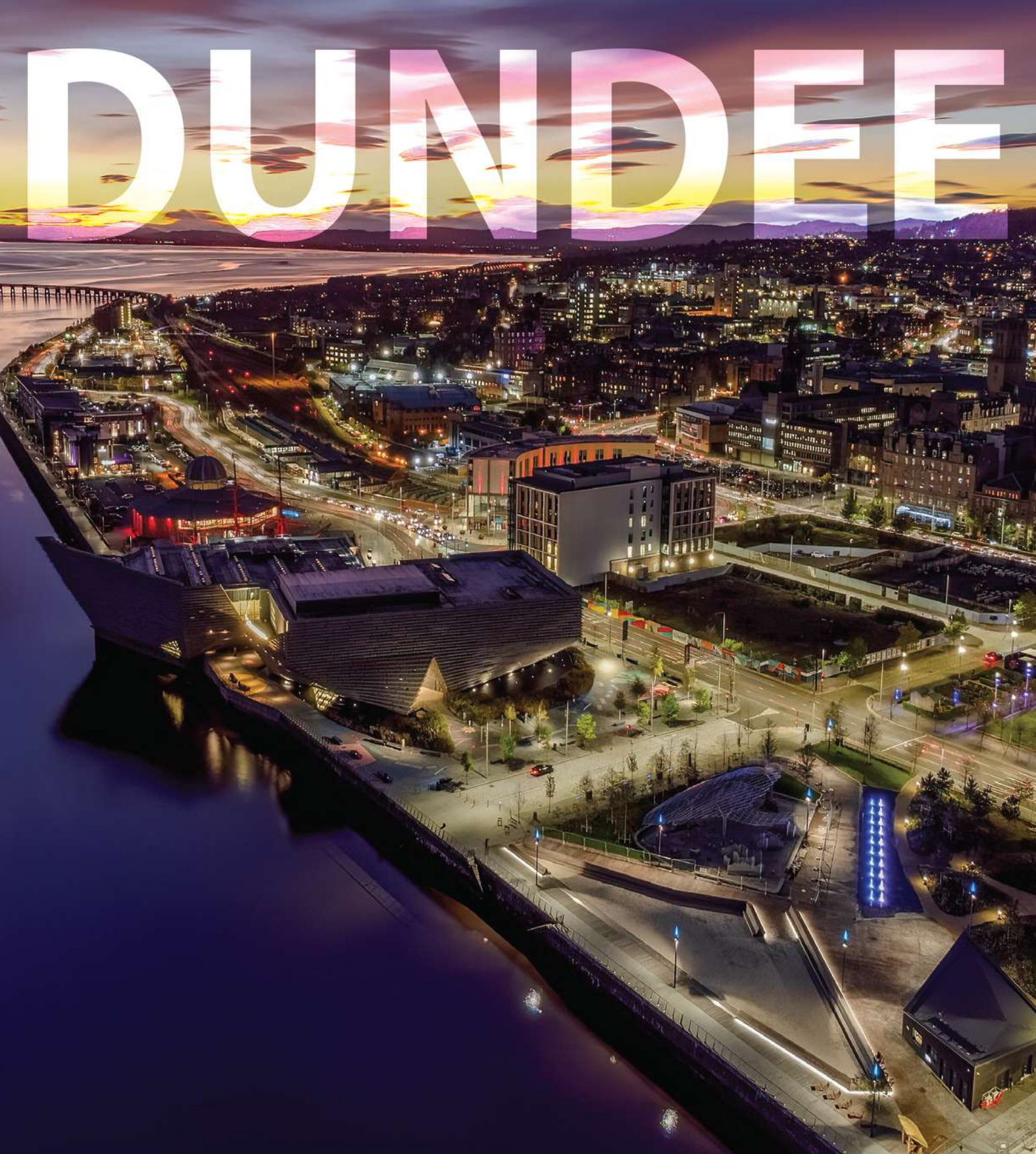
The most important result is not the average score. Focus on the weakest area, assign ownership, establish evidence and review processes, and actively monitor for drift over time.

Amino's extensive experience around Data and AI Governance has enabled us to work with organisations to establish an enduring capability to manage their data to drive true value from AI.

An impressive pilot is not a scalable capability.



"A one-off assessment certifies a state that starts expiring the moment it is printed."



A partnership between public, private, academic and third sector organisations.

The purpose is to build the strength of the Life Sciences and Healthcare sectors in Dundee and the wider Tayside region internally through:

- Partnership working
 - Networking
 - Knowledge sharing and skills development
- Page 22 |

BioDUNDEE



Envirowear® is Beeswift's innovative range of sustainable circular clothing.

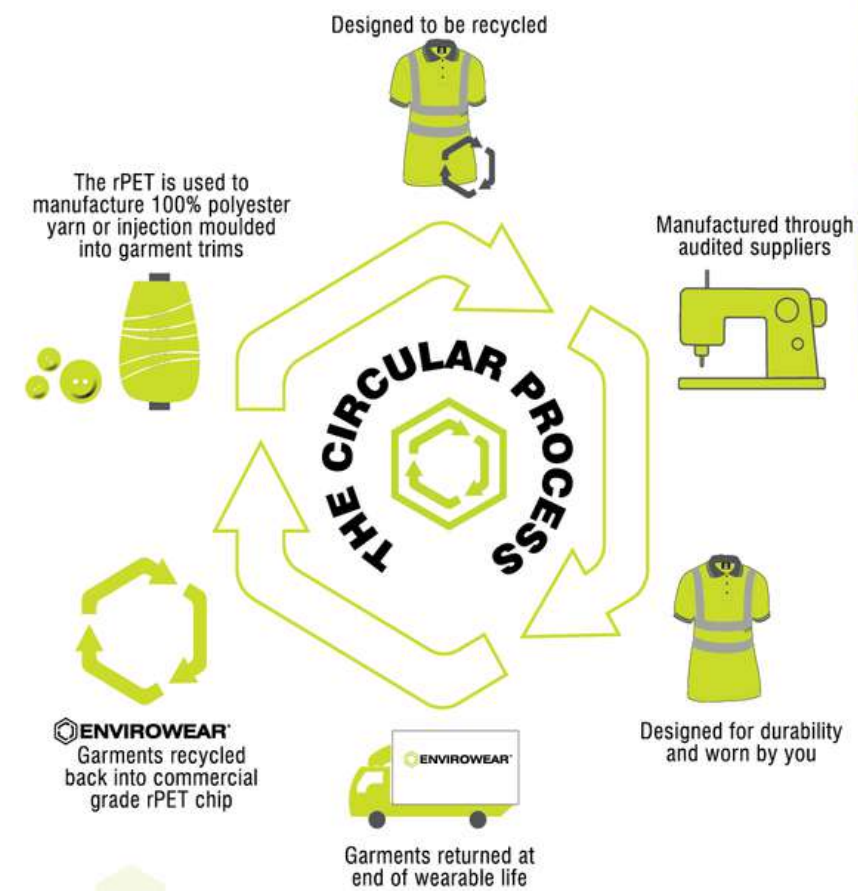
Made from 100% post-consumer plastic waste, these hi-vis garments use 100% recycled material through the closed loop process.

With circularity in mind, Envirowear® garments undergo a specialised recycling process, transforming them into polyester pellets that can be turned back into yarn, making the garments 100% recyclable as well.

Beeswift is a member of the Circular Textiles Foundation (CTF), who are aligned and affiliated with the Waste & Resources Action Programme (WRAP) and Textiles 2030, adding even greater weight to the sustainable credentials of the product.

Beeswift have partnered with Project Re:claim, a pioneering initiative focused on polyester recycling.

This collaboration has installed a state of the art textile recycling machine at one of the Salvation Army Processing Centres, enabling us to fully recycle Envirowear®.



W: envirowear.com
E: sales@beeswift.com
T: 0121 524 2323



Envirowear® products on average use 11 one-litre plastic bottles per garment that otherwise would have been heading for landfill. 1000KG of Envirowear, approx. 3000 garments when brought and recycled will save 5 tonnes of CO2 emissions. The equivalent of 25,000 miles in an average car or 41 trips from Lands End to John O' Groats.

Closing the Last Mile: Why Life Sciences Innovation Must Be Built With the Frontline

As a GP for more than 25 years, I have spent my career in a consulting room, a boardroom, or both, and the lesson has never changed: the hardest part of healthcare innovation is not the discovery. It is what happens after.

As Medical Director for Integrated Care at NHS Birmingham and Solihull, I lead the redesign of diagnostic, elective and digital pathways for a population of more than 1 million people. Before that, I directed a national digital primary care programme worth over £500 million, working across thousands of practices. I have also sat on the other side of the table, in commercial health technology leadership, building products meant to reach patients at scale.

That range has taught me something the life sciences sector does not always want to hear: a breakthrough that cannot be adopted at the front line has not yet delivered any benefit to a patient. Regulatory approval is a milestone, not a finish line. The real test is whether a busy clinician, in a 10-minute appointment, with a system already under pressure, can use what has been built, and whether patients can trust it.

I call this the last-mile problem, and I believe it is the defining challenge for life sciences over the next few years, particularly as artificial intelligence moves from pilot to mainstream.

“Whether an innovation crosses that last mile comes down to 3 things.”

01 — CO-DESIGN

The first is co-design with the people who will actually use it. Too many tools are built for the boardroom case study rather than the 8.30am clinic. When I evaluate new clinical decision support platforms for my practice or primary care network, the question is never whether it looks impressive. It is whether it will fit into a consultation without adding friction.

02 — TRUST

The second is trust, earned deliberately rather than assumed. Clinicians and patients will not adopt what they do not understand, and safety cannot be retrofitted. Every AI tool I have introduced into a pathway has had to prove itself against that standard before it earned a place in it.

03 — SYSTEM CONSTRAINTS

The third is a genuine understanding of system constraints: workforce, funding, information governance, and the sheer operational pressure the NHS is under. Innovation that ignores these realities, however elegant, stays a pilot forever.

None of this is a case against ambition. I am genuinely optimistic about what AI and digital infrastructure can do for patient care, and I have spent my career trying to prove it, from national programmes to my own GP partnership. But ambition has to be matched with humility about implementation, and I would like to see the life sciences sector spend as much energy on adoption as it does on invention.

My own definition of success has stayed constant throughout: better, safer, more accessible care for the patient in front of us, and for the million or more people whose pathways I now help to design. If Life Sciences Week can bring innovators and frontline leaders into the same conversation about that last mile, it will have done something genuinely worthwhile.



Dr Masood Nazir

Medical Director for Integrated Care and Chief Clinical Information Officer, NHS Birmingham and Solihull

From Finnish Invention to Midlands Manufacturing: scaling medtech through regional ecosystems

Developing a medical device is one challenge. Building a business around it is another.

GetMet is a Finnish-born invention, developed by orthopaedic surgeon Leo Österback to solve a practical clinical problem: rapidly and accurately locating metallic foreign bodies and orthopaedic implants in the human body. It does this non-invasively, without ionising radiation or complex, expensive imaging systems.

As GetMet developed, our biggest challenge was no longer the technology itself, but building a resilient supply chain and scalable manufacturing capability for international growth.

That is what brought us to the Midlands.

Through the West Midlands Health Tech Innovation Accelerator, we gained access to an ecosystem that understood our technology and ambition to scale. The consortium brought together organisations including some of the world's leading universities, Manufacturing Technology Centre, Medilink Midlands, Health Innovation West Midlands, The Technology Supply Chain and West Midlands Growth Company.

Their willingness to engage and connect us with the right expertise created a genuine pull towards the region.

Within that ecosystem, MTC became critical to our progress, helping translate our technology into a scalable product and overcome our primary challenge: developing a resilient supply chain and scalable manufacturing model in the Midlands. Its expertise in design for manufacture, engineering and supply-chain development, combined with connections to local specialist manufacturing partners, helped us graduate from an innovative medical device to a credible, scalable medtech product prepared to service the NHS, international healthcare markets and growing dual-use applications.

Our experience has also demonstrated the value of looking beyond traditional healthcare applications. GetMet was developed for orthopaedic surgery, but following the donation of devices to military medical teams in Ukraine, we saw how naturally it could support trauma and military medicine. This has particular resonance in the Midlands, with Birmingham's long history of innovation in military surgery and trauma care.

Today, we continue to validate GetMet through clinical engagement and pilots, while developing international adoption and the manufacturing capability to support it. We are preparing for international scale, with our Midlands supply chain providing a platform from which to serve markets across Europe and beyond.

In a global market where innovation is moving faster than ever, the speed at which we can complete that journey will increasingly determine our competitive position.

For me, the broader lesson is straightforward: if the UK wants to strengthen its life sciences economy, it must enable innovators to move from invention through validation and manufacture to adoption and export. In a global market moving faster than ever, the speed of that journey will increasingly determine our competitive position.

Our experience shows what can happen when a region does more than fund innovation—when its people recognise a good idea with the potential to scale, support those developing it and provide the ecosystem needed to turn that potential into a scalable business. We are genuinely grateful to the people across the Midlands who recognised that potential in GetMet and helped us turn it into reality.



Nikke Österback

Saari Consulting Ltd. / Ortotec Finland



Department for Work & Pensions

The Department for Work and Pensions (DWP) is responsible for welfare, pensions and child maintenance policy.

As the UK's biggest public service department, it administers the State Pension and a range of working age, disability and ill health benefits to around 20 million claimants and customers.

DWP's aim is to improve people's day to day lives and help them build financial resilience and a more secure and prosperous future.



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Driving Innovation, Digital Skills &
Business Growth in the West Midlands



Through the DigiTech TEC, we will strengthen our region's digital talent pipeline, ensuring every learner gains the skills, experiences, and opportunities needed to thrive in a rapidly evolving digital economy.



Pat Carvalho
CEO and Principal, BMet



Department
for Education



Department for
Science, Innovation
& Technology



Comparative Oncology

A Smart, Ethical, One Health Approach to One Medicine

Mark Eccleston

CEO, ValiRx Plc and Managing Director of ValiRx Animal Health

At its heart, comparative oncology involves the study of cancer across species to better understand and treat the disease. Cancers such as osteosarcoma and lymphoma have a higher prevalence in dogs and are very similar to the human disease.¹

Other types of cancer, such as prostate cancer more closely mimics aggressive, later stage disease in humans.²

It's not a new concept but is gaining traction in the field of contemporary cancer research with multiple factors combining to support this interdisciplinary approach. Pivotal to this is the recognition that the traditional approach to drug development, based on in-vitro screening, in-vivo rodent based xenograft approaches and higher species safety studies do not translate well into clinical successes, contributing to extended development times and costs which in turn limit access to promising approaches through both failed development and high drug costs.

This limits health equity and significantly impacts society in terms of lost productivity as well as the emotional impact of disease in both humans and companion animals.

One of the greatest advantages of comparative oncology is its potential to reduce the gap between preclinical discoveries and successful treatments. Many therapies that appear promising in



conventional models fail during human clinical trials because they do not work effectively in complex, naturally occurring disease or cause unacceptable toxicity.

The One Health concept as defined by the WHO³, recognises that human, animal and environmental health are interdependent. Unlike contrived cancer mouse models with engineered tumours, companion animals, and dogs in particular, develop spontaneous cancers in real-world environments, sharing households, diets and environments with their owners. In this sense they can act as sentinels for exposure risk to pollutants, household chemicals and other carcinogens.

Dogs also possess intact immune systems and natural comorbidities associated with ageing over a naturally compressed lifespan. They receive clinical care in veterinary hospitals so their cancers can provide biologically relevant information for both veterinary and human medicine which can be used to refine and inform approaches before human trials begin.⁴

Translational relevance and better understanding of tumour heterogeneity are particularly important for advancement of immunotherapy where the interplay of complex factors, including tumour inflammation, immune-cell infiltration and mechanisms of immune suppression is critical.

Naturally occurring tumours, where interactions between cancer cells and a functioning immune system reproduce the human tumour microenvironment and immune response, inevitably outperform even the best syngeneic model systems.

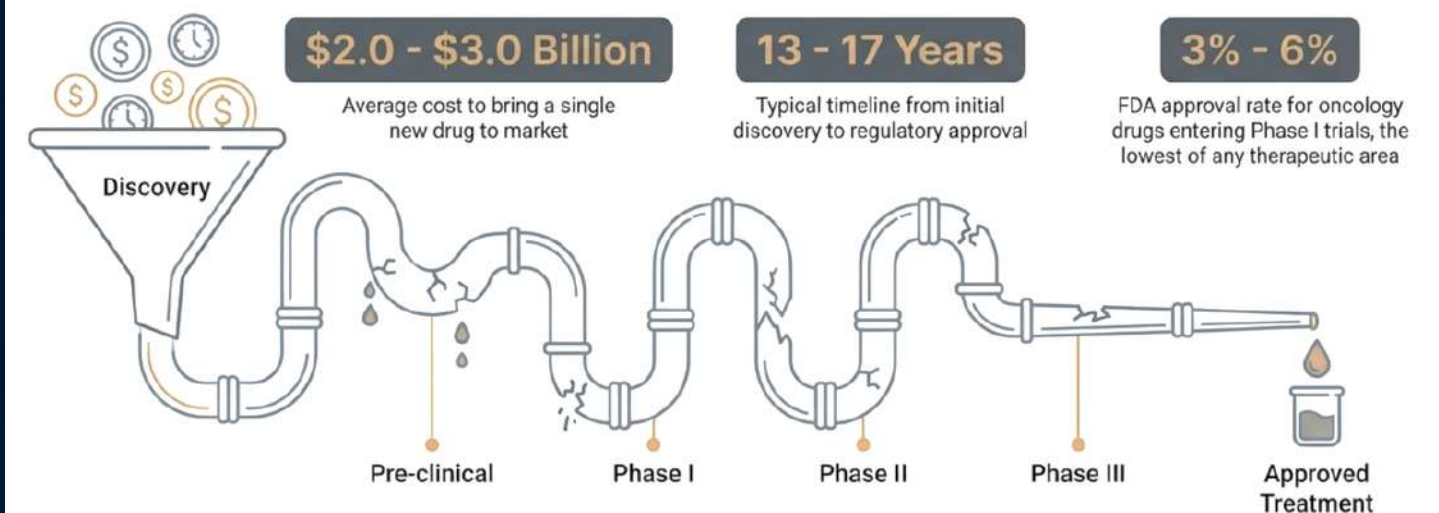
Dogs with spontaneous cancers therefore provide an immunocompetent setting to evaluate immune checkpoint inhibitors, vaccines, cellular therapies and combination treatments⁵, but also provide a better understanding of potential engagement of the host immune system which can enhance or potentiate therapeutic responses through an Abscopal effect⁶.

A key principle of comparative oncology is that it is not just about better experimental models to advance human medicine. Ethical comparative oncology is about reciprocal models that prioritise participating pet patient welfare with appropriate informed owner consent and use clinical trials designed around genuine veterinary patient benefits through access to innovative treatments, advanced imaging, molecular testing and specialist clinical care as well as scientific value.

This leads us to the concept of One Medicine whereby human and animal healthcare advance hand in hand with doctors, vets and researchers collaborating to ensure that all humans and animals benefit from equal and sustainable medical progress, but not at the expense of an animal's life.⁷

Innovation Paradox

Biological understanding of cancer has never been greater but conventional *de novo* drug development model faces a crisis of efficiency, cost, and success.



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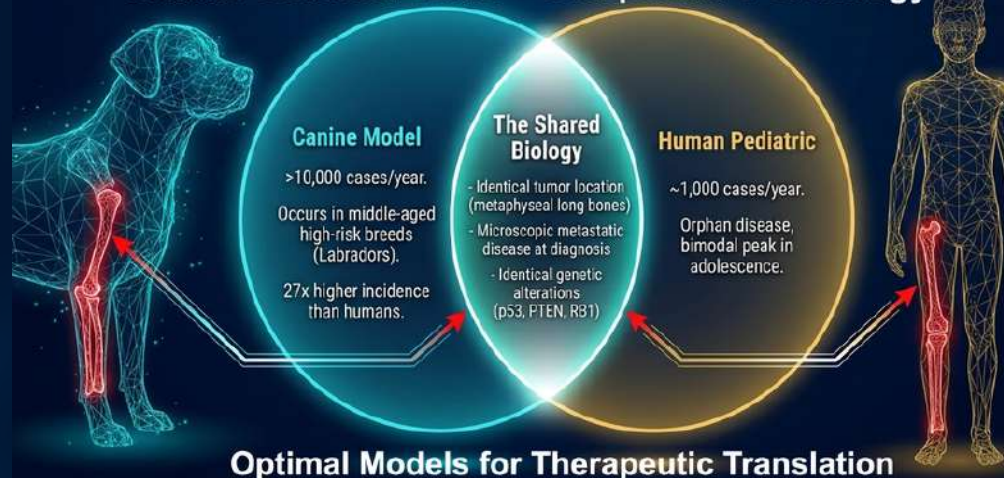
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Canine Osteosarcoma – Comparative Oncology



Beyond breakthroughs: Why adoption is the next frontier for UK life sciences

Our recently launched animated Impact Report highlights something that should encourage everyone working in life sciences. Across the West Midlands, innovation is already improving patient outcomes, reducing pressure on health and care services and creating economic value. Yet one lesson stands out above all others:

Every year, promising technologies, treatments and new approaches emerge with the potential to transform healthcare. However, many spend years navigating the gap between proof of concept and implementation. For patients waiting for earlier diagnosis, more effective treatment or better access to care, those delays matter.

“Innovation only delivers impact when it is adopted at scale.”

When people talk about the strength of the UK's life sciences sector, the conversation often centres on discovery. Yet the true measure of success is not the number of breakthroughs we create, but the difference those breakthroughs make to people's lives. The UK is not short of innovation. We have world-leading research, pioneering technologies and exceptional scientific talent. The challenge is turning that innovation into impact through widespread adoption.



THE WEST MIDLANDS
AT A GLANCE

Almost 200+
Health and care academic assets

£200m
Annual health research income

9
Universities

5
Medical schools

11,000+
Health and care graduates
entering the workforce each year



Amanda Risino
Chief Executive Officer,
Health Innovation West
Midlands

The West Midlands is well placed to seize this opportunity. A recent review commissioned by Health Innovation West Midlands identified more than 200 health and care academic assets across the region, supported by almost £200 million in annual health research income, nine universities, five medical schools and more than 11,000 health and care graduates entering the workforce each year. It also highlighted nationally significant strengths in areas including artificial intelligence, digital health, diagnostics and clinical trials.

These assets provide a strong foundation for improving health and driving economic growth. However, the review also found that too many strengths remain disconnected. The opportunity is not simply to generate more innovation, but to better connect our research, NHS, industry and community assets to accelerate adoption and maximise impact. As we celebrate Life Sciences Week, we should remember that discovery alone is not enough. The regions that will lead the future of UK life sciences are those that can move innovations more rapidly from research into real-world use. If the last decade was defined by innovation, the next must be defined by adoption. That is where the greatest opportunity lies for patients, for the NHS and for the future growth of UK life sciences.

Women's Health: Progress Means Little If Women Can't Access It

Lalita Taylor
Founder & CEO, We Job Box

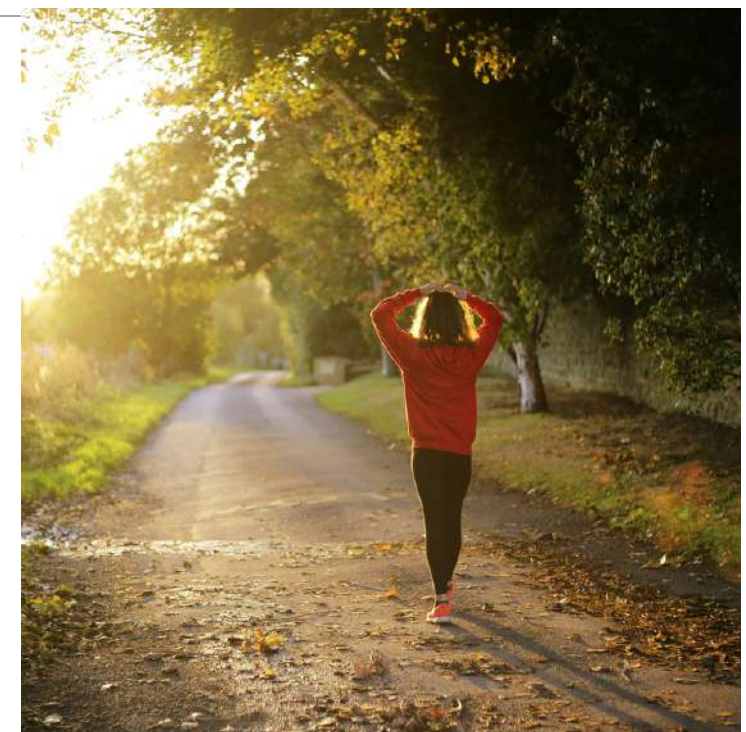
We are talking about women's health more openly than ever before. That matters. But for me, the more important question is what happens as a result of those conversations. What is actually changing for women?

During Life Sciences Week, I'm moderating two panels that approach this from different angles. Women's Health Across Every Life Stage looks at health as one connected journey, from adolescence and reproductive health through motherhood, midlife, menopause and beyond, rather than a set of separate categories. Joining me are Professor Ranee Thakar, Professor Daniel Leff, Helen Tomlinson and Trudi Roscoe, and we'll close by asking each of them: if you could change one thing about how we support women throughout their lives, what would it be?

I'm not a clinician or scientist. My own work is about people, skills, employers and opportunity, and through that I've become interested in access: who gets seen, and who gets missed by systems that don't reflect the reality of people's lives. A woman experiences one life, not a set of separate boxes. Health changes, but everything else — careers, caring responsibilities, confidence — doesn't stop around it. When a woman leaves a job or steps back from progression because her health isn't properly supported, we see the employment outcome. We don't always see what sat behind it. That matters to her, and to employers trying to retain talent.

My second panel, Executive Policy & Leadership: A Mandate for Change, is more pointed. With Meera Joshi, Nadia Bashir, Helen Tomlinson and Naomi Glover, we'll move from conversation to action: where is the biggest gap between policy commitment and what women actually experience, and who — across Government, the NHS, pharma, HealthTech and employers — is actually responsible for closing it? When responsibility is shared across an entire ecosystem, there's a real risk that nobody takes enough of it.

The evidence says this isn't yet solved. A 2026 Nature Communications analysis of pivotal trials supporting FDA drug approvals found that women were underrepresented relative to disease prevalence in around a third of trials, with



particularly persistent gaps in cardiovascular and autoimmune disease. That's not a historical problem being quietly fixed. It's a live design choice, being made in trials running today.

The same scrutiny has to apply to innovation more broadly. New medicines, diagnostics and technology offer enormous possibilities, but who can access them, who benefits, and who are we still not reaching? The gap often starts earlier than treatment, at diagnosis. Research from the University of Leeds found that women having a STEMI heart attack — where an artery is completely blocked — were 59% more likely than men to be misdiagnosed at first presentation. Separate British Heart Foundation-funded research estimates that more than 8,200 women in England and Wales could have survived their heart attacks over a ten-year period had they received the same quality of care as men.

“If the starting point isn't equal, no amount of downstream innovation fully closes the gap.”

My closing question for the second panel asks: if we reconvened in three years, what one measurable change would tell us women's health had genuinely moved forward? Not how many conversations we'd had, or commitments made, but what women themselves would be experiencing differently. Earlier diagnosis. Better access to treatment. Fewer women forced to choose between managing their health and progressing at work. That's where this conversation needs to keep heading: from awareness to action, and from action to outcomes women can actually feel in their own lives.

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Plasma donors urged to support growing demand for life-saving medicines

Birmingham continues to play a key role in helping secure the future supply of plasma-derived medicines, as NHS Blood and Transplant (NHSBT) works to increase plasma collection and reduce the UK's reliance on imported products.

Plasma, often referred to as "liquid gold", is the component of blood used to manufacture vital medicines, including immunoglobulin and albumin. These medicines are used by thousands of NHS patients every year to treat a wide range of conditions, including immune deficiencies, neurological disorders, blood disorders, and complications arising from trauma, childbirth and some cancer treatments.

More than a year after the first NHS patients in a generation began receiving medicines made from plasma donated by people in the UK, more than 4,400 patients have been treated with UK plasma-derived immunoglobulin. Following the lifting of the UK plasma use ban in 2021, NHSBT has been rebuilding a domestic plasma programme to strengthen the resilience of the UK's medicines supply chain and help meet growing patient demand.

The programme reached another significant milestone in July 2026 when the Medicines and Healthcare products

Regulatory Agency (MHRA) approved the use of UK-donated plasma for five additional plasma-derived medicinal products. The decision expanded the range of medicines that can be made from UK plasma, further supporting efforts to reduce reliance on imported supplies. NHSBT welcomed the announcement and looks forward to working with partners to help ensure these and any future life-changing treatments are available to the patients who need them, when they need them.

The West Midlands is at the forefront of this effort. Birmingham is home to one of only three dedicated plasma donor centres in England, alongside a blood donor centre where plasma can also be collected through routine blood donation. Every donation contributes to the production of medicines that patients rely on every day. Plasma is recovered from all blood donations and makes up around 55 per cent of blood volume.

Demand for intravenous immunoglobulin (IVIG), a plasma-derived medicine, continues to rise, with more than 17,000 patients across the UK currently dependent on IVIG

treatments. To help meet future demand, NHSBT is encouraging more people to consider donating blood or plasma.

Businesses and organisations also have an important role to play. By supporting employees to attend donation appointments, employers can make a meaningful contribution to the health of their local communities while helping ensure patients have access to essential medicines and treatments.

Research carried out by NHSBT shows that greater flexibility from employers could significantly increase donor participation, particularly among younger people. Creating a donation-friendly workplace can therefore make a real difference to maintaining the blood and plasma supplies on which the NHS depends.

Gerry Gogarty, Director of Blood Supply at NHS Blood and Transplant, said:

"Thousands of patients across the UK rely on plasma medicines and demand for these treatments only continues to grow."

"By donating blood or plasma, people can help support the production of medicines that are essential for patients living with serious, and often lifelong, conditions. Every donation has the potential to make a lasting difference."

NHS Blood and Transplant's donor centres in Birmingham are located on New Street, Birmingham, B2 4DU.

To find out more about blood and plasma donation, or to book an appointment, visit www.blood.co.uk

Creating a Leading Light in the Heart of the Midlands

The Midlands is home to more than 11 million people and has fast and reliable transport links to large parts of the rest of the country, but despite this, many of the UK's most advanced healthcare technology are concentrated in other parts of the country.

Bringing innovation and technology to Birmingham, improves the care for patients in the region and beyond, with Queen Elizabeth Hospital Birmingham (QEHB), in particular, a centre for excellence for cancer care and organ transplantation, as well as the receiving hospital for injured military personnel.

At University Hospitals Birmingham Charity (UHB Charity) the objective is to improve care for patients and their families at four of Birmingham's largest hospitals, QEHB, Heartlands, Good Hope, and Solihull Hospital, whether this is through advancing medical care, with investment in research and equipment, or supporting projects that improve the overall experience of patients currently undergoing treatment.

The key role that the Charity has played in bettering research into medical advancement has led to tangible improvements in care, with the results of

numerous projects funded by the Charity, now actively in use not only at Birmingham hospitals but nationally.

The latest project is a plan to raise £7.2 million, to fund a pioneering piece of technology that will radically alter the patient pathway for cancer, as well as open doors for research and improving outcomes for heart disease and neurological conditions, paving the way for new and better treatments in the future.

The Total Body PET-CT Scanner is a state-of-the-art technology that will allow clinicians to view a patient's whole body in one image, rather than the current three. The scanner's advanced capabilities will also produce a much clearer image, using significantly less radioactive tracer, in a faster time frame. All this combined means that, patients currently unable to have a scan, such as pregnant women, children and vulnerable patients, will benefit. The increased speed of the scan is also expected to open thousands of new appointments each year.

For many patients from across the Midlands, Birmingham is already their specialist hospital. This project cements that role



James Elliott
Chief Executive Officer, University Hospitals Birmingham Charity

and opens potential for future advancement and research opportunities.

In the last decade, UHB Charity has funded dedicated research staff at QEHB, brought new radiotherapy and surgical equipment to the site, and built the Edmonds Transplant Centre, which provides a state-of-the-art home to the largest four organ transplant centre in Europe.

Working with clinicians and researchers to find future opportunities and gaps in care, the Charity finds solutions to current and future stumbling blocks, solving problems in care from a ground level.

Continued and consistent investment in solutions will help further the medical care that hospital patients in the Midlands can expect. By working alongside clinicians to find and understand problems, the hospital charity can fund and support projects that meet the active needs of patients, as well as advancing the research being conducted in Birmingham.

Bringing Total Body PET-CT to the area will build on the existing strengths of the hospitals while creating a regional asset that benefits local communities and patients nationally.



4,400+
patients treated with UK plasma-derived immunoglobulin

17,000+
patients across the UK currently dependent on IVIG treatments

55%
of blood volume is plasma

3
dedicated plasma donor centres in England



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The UK Brain Health Foundation:

Building a Brain-Healthy Nation

Naomi Glover & Mariana Wieske

Founding Directors, UK Brain Health Foundation

Brain health affects every aspect of human life. It influences how we think, learn, remember, communicate, make decisions, build relationships and participate in society. According to the World Health Organization, brain health encompasses cognitive, sensory, emotional, behavioural and motor functioning across the life course. This means brain health is not only relevant when someone develops a neurological, psychiatric or mental health condition; it matters from childhood through older age and affects everyone, every day.

The case for action is compelling. Many common brain-related conditions are influenced by preventable risk factors with at least 45% of dementia now deemed to be preventable. Evidence suggests that a substantial proportion of stroke (up to 80%), epilepsy (up to 25%), depression, psychosis and other neurological and mental health conditions could also be prevented or delayed through improvements in lifestyle, environment, education, workplace practices and access to support. The personal, societal and economic costs of poor brain health are enormous, affecting productivity, quality of life, healthcare systems and communities.

Despite its importance, brain health has often been approached through fragmented systems, with mental health, neurological conditions, education, employment, ageing and public health operating in separate silos. The UK Brain Health Foundation was established to change that by creating a unified national approach to brain health across the lifespan.

The Foundation is an independent, non-profit community interest organisation working to make brain health a national priority. Rather than delivering clinical services or conducting research directly, it brings together policymakers, researchers, clinicians, employers, educators, people with lived experience and community organisations to

shape a more coordinated approach to protecting and improving brain health throughout the United Kingdom.

To address these challenges, the UK Brain Health Foundation has developed a framework centred on five key policy pillars. These include improving public awareness and education, advancing brain capital and economic policy, supporting healthier workplaces, addressing inequalities in brain health outcomes, and strengthening collaboration across sectors. By focusing on system-level change rather than isolated initiatives, the Foundation aims to embed brain health into national decision-making and public policy.



Naomi Glover

Founding Director, UK Brain Health Foundation

FIVE POLICY PILLARS

1. Public awareness and education
2. Brain capital and economic policy
3. Healthier workplaces
4. Brain health inequalities
5. Cross-sector collaboration

A key aspect of the Foundation's work is fostering collaboration. Through initiatives including the UK Brain Council and the Youth Brain Council, the organisation seeks to ensure that diverse perspectives are represented in discussions about brain health policy and practice. This includes bringing together expertise from neuroscience, psychology, medicine, public health, education, employment and lived experience. The goal is to create practical solutions that reflect the complexity of brain health while remaining relevant to everyday life.

The Foundation also champions the concept of "brain capital", recognising that healthy brains are essential for innovation, productivity, creativity and social participation. In an increasingly knowledge-based economy, the nation's cognitive and emotional resources represent a critical asset. Investing in brain health is therefore not only a healthcare priority but also an economic and societal imperative.

Ultimately, the vision of the UK Brain Health Foundation is simple but ambitious: a United Kingdom where brain health is understood, valued and supported throughout life. By exemplifying existing work, connecting sectors, influencing policy and promoting a shared national agenda, the Foundation is helping to build a future in which every person has the opportunity to optimise their brain health and realise their full potential. As awareness of brain health continues to grow globally, the UK has an opportunity to become a leader in this field.

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Is my software or AI tool a medical device?

The key is in the purpose.

Lisa Page
Penningtons Manches Cooper

There is an explosion of software and AI tools under development for healthcare applications. In my conversations with software developers, healthtech companies and medical device manufacturers, one of the most challenging issues is whether a new product will be classified as a medical device, bringing with it significant regulatory and compliance requirements before it can be placed on the market.

Recent guidance from the MHRA and a recent decision of the Court of Justice of the European Union (CJEU) provides valuable insights into how regulators approach this question. The consistent theme is that classification depends less on the technology itself and more on the product's intended purpose.

The MHRA's focus on intended purpose

The MHRA's recent guidance on ambient voice technology (AVT) reinforces a fundamental regulatory principle: whether a product is a medical device depends on its medical purpose, not simply the fact that it uses software or AI, operates in a healthcare setting or processes patient information.

Medical purpose is defined the Medical Devices Regulations 2002 (SI 2002/618, as amended), and includes:

- diagnosis, prevention, monitoring, treatment or alleviation of disease; or
- diagnosis, monitoring, treatment, alleviation of or compensation for injury or disability

Many AVT products currently on the market are designed to transcribe consultations, generate draft clinical notes or support administrative workflows. According to the MHRA, these functions alone will not classify a product a medical device as it does not serve a medical purpose.

The position changes where AVT software begins to analyse information and generate outputs used for a medical purpose. Examples include AVT products that provide diagnostic suggestions or treatment options, generate clinical insights or autonomously initiate follow-up actions. In these circumstances, the AVT software has a medical purpose and will classify as a medical device.

The guidance also highlights that product classification is not a one-off exercise. Software and AI systems are highly adaptable, and the addition of new functionality can alter a product's regulatory status. Organisations should therefore reassess classification whenever significant new features are introduced.

Importantly, organisations cannot rely on a disclaimer stating that a product is "not intended for diagnosis" if its functionality, design or marketing materials suggest otherwise. Medical purpose is assessed objectively by reference to labelling, instructions for use and promotional claims.



Lessons from the EU wristband decision

A recent judgment of the CJEU (Case C-427/24) confirmed the EU approach to classification when considering whether patient identification wristbands constituted medical devices.

The wristbands could be printed with patient information and barcodes and were promoted as helping to improve patient safety by reducing identification, medication and transfusion errors. Despite this, the Court held that they were not medical devices.

The Court distinguished between a product's stated intended purpose and its medical purpose. Although the wristbands were used in healthcare environments, their actual function was administrative: identifying patients. As they did not diagnose, monitor, treat or prevent disease, nor did they directly influence clinical decision-making, the Court concluded that the products did not have a medical purpose required by the EU MDR.

This judgment confirms that in the EU, neither a healthcare setting nor broad claims in an intended purpose about improving patient safety are sufficient, by themselves, to bring a product within medical devices regulation.

“Software does not become a medical device because it is used in healthcare. It becomes a medical device when it performs a medical purpose.”

Ultimately, both the MHRA guidance and the EU judgment reinforce the same principle: software does not become a medical device because it is used in healthcare. It becomes a medical device when it performs a medical purpose. Understanding that distinction early can help organisations avoid costly regulatory surprises as their products evolve.



PRACTICAL TAKEAWAYS

- For software and AI developers in healthcare, the lessons are clear:
- Define your intended purpose carefully.
 - Consider whether that intended purpose is, in fact, a medical purpose.
 - Ensure marketing claims, user documentation and product functionality are consistent with the intended purpose and any medical purpose.
 - Reassess classification when introducing functionality that supports diagnosis, treatment, monitoring or clinical decision-making.

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